

**CHANGE OF ZONING APPLICATION**

**HARRISON COUNTY PLAN COMMISSION**  
**245 Atwood St., Suite 215**  
**Corydon, IN 47112**  
**TELEPHONE 738-8927**

**APPLICATION FOR A CHANGE IN ZONING FROM THE REQUIREMENTS  
OF THE HARRISON COUNTY ZONING ORDINANCE**

**DOCKET #** \_\_\_\_\_

**DATE FILED** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_

**ADDRESS OF APPLICANT:** \_\_\_\_\_  
\_\_\_\_\_

**OWNER OF PROPERTY IN QUESTION:** \_\_\_\_\_

**ADDRESS OF PROPERTY OWNER:** \_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF SITE IN QUESTION- ATTACH DEED.**  
**REQUESTED ZONING FOR PROPERTY:** \_\_\_\_\_

**OTHER INFORMATION:**  
\_\_\_\_\_

**HAS AN APPLICATION FOR A CHANGE IN ZONING HEREINTOFORE BEEN FILED WITH THE  
COMMISSION FOR THE SITE IN QUESTION? If so, give date** \_\_\_\_\_

**SIGNED:**

**APPLICANT:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_

**AGENT:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**MEETING DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**FEE: \$75.00**     **RECEIPT #:** \_\_\_\_\_